## NARCOTIC AND CONTROLLED DRUG ACCOUNT RECORD NAVMED 6710/1 (REV. 1-93)

(To be used with NAVMED 6710/4)

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		1	TO BE FILLED IN BY PHARMACY								
ISSUED BY			DRUG (Name, strength of	DRUG (Name, strength of tablets/cc., oral or hypodermic)							
			DATE (COLUED	555000000000000000000000000000000000000		AMOUNT ISSUED					
RECEIVED BY			DATE ISSUED	PRESCRIPTION SERIAL N	ю.	AMICONT ISSUED					
DATE	HOUR	PATIENT	ORDERED BY	GIVEN BY	AMOUNT	BALANCE					
		(Last name and initial)	(Doctor's Name)	(Nurse's Signature)	EXPENDED	ON HAND					
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